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**DECLARATION FOR UTILITY OR** 

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PTO/SB/01 (10-00)

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Attorney Docket Number

|                                                   | DES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                               | First           | Named Invento                         | r         | Wea                 | iver et a                    | al.                            |                       |               |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------|-----------------|---------------------------------------|-----------|---------------------|------------------------------|--------------------------------|-----------------------|---------------|
| PATENT APPLICATION                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               | COMPLET         |                                       |           | TE IF KNOWN         |                              |                                |                       |               |
| (37 CFR 1.63)                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | Appl                                          | cation Number   |                                       |           |                     |                              |                                |                       |               |
| $\boxtimes$                                       | Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ De                | claration                                     | Filing          | Date                                  |           |                     |                              |                                |                       |               |
|                                                   | Submitted with Initial OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fili                | omitted after Initial<br>ng (surcharge        |                 | p Art Unit                            |           |                     |                              |                                |                       |               |
|                                                   | Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | CFR 1.16 (e))<br>uired)                       | Exan            | niner Name                            |           |                     |                              |                                |                       | /             |
| As a below named inventor, I hereby declare that: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               |                 |                                       |           |                     |                              |                                |                       |               |
| My re                                             | esidence, mailing ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ldress, a           | nd citizenship are a                          | as state        | d below next to n                     | ny nam    | ie.                 |                              |                                |                       |               |
|                                                   | eve I am the original,<br>es are listed below) o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                               |                 |                                       |           |                     |                              |                                |                       | ıral          |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               |                 |                                       |           |                     | \(\(\text{LED}\)             |                                |                       |               |
|                                                   | EACTIVE ANTHE<br>EACTED THERE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | NONE COLORA                                   | ANIC            | COMPOUNDS                             | SANL      | POL                 | YMERIC                       | MATER                          | IALS                  |               |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               |                 |                                       |           |                     |                              |                                |                       |               |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | L                   |                                               | (Title          | of Invention)                         |           |                     |                              |                                |                       |               |
|                                                   | specification of which<br>is attached hereto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | h                   |                                               |                 |                                       |           |                     |                              |                                |                       |               |
|                                                   | OR<br>was filed on (MM/DI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D/YYYY)             | 1                                             |                 | as Ur                                 | nited St  | ates Ap             | plication N                  | lumber or PC                   | CT Interr             | national      |
| Арр                                               | lication Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | an                                            | nd was          | amended on (MN                        | //DD/Y    | YYY) [              |                              |                                | (if app               | licable)      |
|                                                   | reby state that I have<br>ended by any amendr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                               |                 | ents of the above                     | identifie | ed speci            | ification, in                | cluding the o                  | aims, a               | s             |
| l ack                                             | knowledge the duty to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | disclose            | information which is                          | materia         | al to patentability a                 | as defin  | ed in 37            | CFR 1.56                     | , including fo                 | r continu             | ation-        |
|                                                   | art applications, mater<br>international filing da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                               |                 |                                       | ing date  | of the              | prior applic                 | ation and the                  | nationa               | l or          |
| certi<br>Ame                                      | reby claim foreign pro<br>ificate, or 365(a) of a<br>erica, listed below ar<br>ificate, or any PCT in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ny PCT i<br>nd have | nternational applicat<br>also identified belo | tion whow, by o | ich designated at<br>checking the box | least o   | ne cour<br>oreign a | ntry other to<br>application | han the Unit<br>for patent o   | ed State<br>or invent | s of<br>tor's |
| Pric                                              | or Foreign Applicati<br>Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ion                 | Country                                       |                 | Foreign Filing<br>(MM/DD/YY)          |           |                     | ority<br>laimed              | Certified (                    |                       | tached?<br>No |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               |                 |                                       |           |                     |                              |                                |                       |               |
|                                                   | Additional foreign ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | plication           | numbers are listed                            | on a su         | ipplemental priori                    | ty data   | sheet F             | TO/SB/02                     | B attached h                   | ereto:                |               |
| I he                                              | reby claim the benef                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fit under           | Title 35 USC 119(e                            | ) of any        | United States p                       | rovision  | nal appl            | ication(s)                   | listed below.                  |                       |               |
|                                                   | Application Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ber(s)              | Filin                                         | g Date          | (MM/DD/YYYY)                          |           |                     | ] Addition                   | al Provision                   | al applic             | ation         |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               |                 |                                       |           | _                   | number                       | s are listed o                 | on a .                |               |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               |                 |                                       |           |                     | supplem<br>PTO/SB            | nental priorit<br>/02B attache | y data s<br>ed heret  | heet<br>o.    |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               |                 |                                       |           |                     |                              |                                |                       |               |
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|                                                   | - All the All |                     |                                               | ***             | · · · · · · · · · · · · · · · · · · · |           |                     |                              |                                |                       |               |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                               |                 |                                       |           |                     |                              |                                |                       |               |

[Page 1 cf 4]
Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

## **DECLARATION** — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |             |                      |             |                            |                      |            |             | 1                                            | designation that       |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|-------------|----------------------------|----------------------|------------|-------------|----------------------------------------------|------------------------|--|--|
| I hereby claim the benefit under 35 USC 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. |                                                                                                                           |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| U.S. Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | arent Application<br>Number                                                                                               | P           | CT Parent<br>Number  |             |                            |                      |            |             |                                              | ent Number<br>licable) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Number                                                                                                                    |             | Hamber               |             |                            | (Idian Doing Control |            |             | <u>`                                    </u> |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| Additio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| As a name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d inventor, I hereby app<br>the Patent and Traden                                                                         | oint the fo | ollowing regis       | tered prac  | ctition                    |                      |            |             |                                              |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name                                                                                                                      |             | Registrati<br>Number | on          |                            | Name                 |            |             | F                                            | legistration<br>Number |  |  |
| Mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | chael J. Blake                                                                                                            |             | 37,096               |             |                            | Karen A. Har         | ding       |             |                                              | 33,967                 |  |  |
| Ве                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | etty J. Boshears                                                                                                          |             | 33,864               |             |                            | Cheryl J. Tub        | ach        |             |                                              | 38,346                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rnard J, Graves, Jr                                                                                                       | .           | 33,239               | •           |                            | Jonathan D.          | Wood       |             |                                              | 39,076                 |  |  |
| Additio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | onal registered practitione                                                                                               | r(s) name   | d on suppleme        | ental Regis | tered                      | Practitioner Informa | ation shee | et attached | hereto                                       | )                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | orrespondence to:                                                                                                         |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Michael J. Blake                                                                                                          |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Eastman Chemica                                                                                                           | I Comp      | any                  |             |                            |                      |            |             |                                              |                        |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P.O. Box 511                                                                                                              |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Kingsport                                                                                                                 |             |                      |             | ate                        | Tennessee            |            | 1           | ZIP                                          | 37662                  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | USA                                                                                                                       | T           | elephone             | (423) 22    | 9-17                       | 793                  | Fax        | (423)       | 229-1                                        | 239                    |  |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.                                                                                                                                                                                                                                |                                                                                                                           |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sole or First Invent                                                                                                      |             |                      | □Ар         | etitior                    | has been filed for   | rthis uns  | igned inv   | entor                                        |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Given Name (first an                                                                                                      | d middle    | [if any])            |             |                            | Fan                  | nily Nam   | e or Surn   | ame                                          |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Max A                                                                                                                     |             |                      |             |                            |                      | We         | aver        |                                              |                        |  |  |
| Inventor's Signature May alla Wearn Date Oct. 18, 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| Residence: City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |             |                      |             | Country Citizenship U.S.A. |                      |            |             |                                              | S A                    |  |  |
| Kingsport Tennessee U.S.A. U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| Mailing Address  Route 13 125 Hill Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |             |                      |             |                            |                      |            |             |                                              |                        |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Kingsport                                                                                                                 |             | State<br>Tenr        | nessee      | 7                          | 37664                | Cour       | ntry        | U.S.                                         | A.                     |  |  |
| Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |             |                      |             |                            |                      |            |             |                                              |                        |  |  |

and several experiences.

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| DECLARATION                                                   | ADDITIONAL INVENTOR(S) Supplemental Sheet |                        |                                   |          |                       |  |  |
|---------------------------------------------------------------|-------------------------------------------|------------------------|-----------------------------------|----------|-----------------------|--|--|
|                                                               |                                           |                        |                                   |          |                       |  |  |
| Name of Additional Joint Inventor, if                         | any:                                      |                        | A petition has been file          | d for th | nis unsigned inventor |  |  |
| Given Name (first and middle [if                              | any])                                     | <u> </u>               | Family                            | y Name   | e or Surname          |  |  |
| Gerry Foust                                                   |                                           | L                      |                                   | Rho      | odes                  |  |  |
| Inventor's Signature Lewy Forest Whiels Date October 18, 2001 |                                           |                        |                                   |          |                       |  |  |
| Residence: City S<br>Piney Flats                              | tate<br>Tennessee                         | Cou                    | untry<br>U.S.A.                   |          | Citizenship<br>U.S.A. |  |  |
| Mailing Address<br>216 Allison C                              |                                           |                        | 710                               | C        |                       |  |  |
| Piney Flats                                                   | State<br>Tennessee                        | 1                      | 37686-4038                        | Coun     | U.S.A.                |  |  |
| Name of Additional Joint Inventor, if                         | any:                                      |                        | A petition has been file          | ed for t | his unsigned inventor |  |  |
| Given Name (first and middle [if                              | any])                                     |                        | Famil                             | y Nam    | e or Surname          |  |  |
| Jason Clay                                                    |                                           |                        |                                   | Pea      | rson                  |  |  |
| Inventor's Signature Jusa Clay                                |                                           | Da                     | te <u>Octobe 18</u> 2001          |          |                       |  |  |
| Residence: City Kingsport                                     | <sup>tate</sup><br>Tennessee              | Co                     | untry<br>U.S.A.                   |          | Citizenship<br>U.S.A. |  |  |
| Mailing Address 116 Pickens                                   | Court                                     |                        |                                   |          |                       |  |  |
| City<br>Kingsport                                             | State<br>Tennessee                        | ,                      | ZIP 37663                         | Coun     | try<br>U.S.A.         |  |  |
| Name of Additional Joint Inventor, if                         | any:                                      |                        | A petition has been file          | ed for t | his unsigned inventor |  |  |
| Given Name (first and middle [i                               | f any])                                   | Family Name or Surname |                                   |          |                       |  |  |
| Sara Stanley                                                  |                                           | Wells                  |                                   |          |                       |  |  |
| Inventor's Signature Sara Stanley Well Date October /         |                                           |                        |                                   |          |                       |  |  |
| Residence: City State Kingsport Tennessee                     |                                           |                        | Country U.S.A. Citizenship U.S.A. |          |                       |  |  |
| Mailing Address 1709 Duke Street                              |                                           |                        |                                   |          |                       |  |  |
| City Kingsport                                                | ziP Country U.S.A.                        |                        |                                   |          |                       |  |  |